

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED
PARTNERSHIP
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 APR 24 AM 10:21

DOCUMENT # A01000001591

1. Name of Limited Partnership

DOCTORS GI PARTNERSHIP, LTD.

700074614897
05/15/06--01008--012 **2000.00

2. Principal Office Address

1035 S. Apollo Blvd.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Melbourne, FL

City & State

Zip

32901

Country

USA

Zip

Country

CR2E039 (11/05)

4. Date Formed or Registered
To Do Business in Florida

5. FEI Number

59-3758988

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

PHILIP F. NOHRR, ESQ.

Street Address (P.O. Box Number is Not Acceptable)

1800 W. HIBISCUS BLVD.

Suite, Apt. #, Etc.

SUITE 138

City

MELBOURNE

State

FL

Zip Code

32901

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited
partnership revoked on our records

9. Pursuant to the provisions of section 620.1810 or 620.1809, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

Philip F. Nohrr

(REGISTERED AGENT MUST SIGN)

DATE

4/20/06

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
PHYSICIANS GI PARTNERSHIP, INC.	6450 US HWY 1 1035 S. Apollo Blvd	ROCKLEDGE FL 32955 Melbourne FL 32901	P00000109327

REINSTATEMENT 04-06

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Joseph Gulli MD

DATE

4-12-06

Typed or Printed Name of General Partner Signing Form

Telephone Number

321-434-8894